



RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
STATEMENT OF ECONOMIC INTERESTS
(TN)
COVER PAGE -5 PH12: 19

Date Received
Official Use Only

3/27/13
[Signature]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SANTA INES SONNY R.

1. Office, Agency, or Court

Agency Name
City of Bellflower
Division, Board, Department, District, if applicable
Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of Bellflower ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is ____/____/____, through December 31, 2012.
☐ Assuming Office: Date assumed ____/____/____
☐ Leaving Office: Date Left ____/____/____ (Check one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☒ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 27, 2013
(month, day, year)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Sonny R. Santa Ines

► NAME OF BUSINESS ENTITY
DaVita Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Kidney care

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/12 ____/____/12
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
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NATURE OF INVESTMENT
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IF APPLICABLE, LIST DATE:
____/____/12 ____/____/12
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Sonny R. Santa Ines

► NAME OF SOURCE (Not an Acronym)

Aleshire & Wynder

ADDRESS (Business Address Acceptable)

2361 Rosecrans Ave., # 475, El Segundo, CA 90245

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

09 / 06 / 12	\$ 54.95	Dinner
--------------	----------	--------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

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___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

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___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
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___ / ___ / ___	\$ _____	_____
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___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

Comments: _____